

WESCO ENVIRONMENTAL, INC.

4460 Hwy 15 * Silver City, NM * 88061

Ph: 575-538-8311

Fax: 575-534-9637

EMPLOYEE DATA SHEET

Please print

Name _____ Date _____

Address _____ Soc. Sec. # _____

City _____

State _____ Zip _____

Phone #1 _____ Phone #2 _____

Position applying for: _____

In case of Emergency Please Contact:

Name _____ Relationship _____

Address _____

Phone #1 _____ Phone #2 _____

Signature _____

COPY OF SOCIAL SECURITY CARD AND VALID DRIVERS LIC NEEDED BEFORE JOB

OPTIONAL USE ONLY

Job Location _____

Classification _____

Wage Rate _____ Per Diem _____

Employee # _____ Travel _____

Form **W-4**

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

2007

1 Type or print your first name and middle initial _____ Last name _____ 2 Your social security number _____

Home address (number and street or rural route) _____

3 Single Married Married, but withhold at higher Single rate.
Note: if married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code _____

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____ 5

6 Additional amount, if any, you want withheld from each paycheck _____ 6 \$

7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption.
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
If you meet both conditions, write "Exempt" here _____

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(Form is not valid unless you sign it.) _____

Date _____

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS) _____ 9 Office use (optional) _____ 10 Employer identification number (EIN) _____

EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Birth Name
Address: Street Name and Number	City	State	ZIP Code
Date of Birth (Month/Day/Year)		Social Security Number	

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ or Admission Number _____, expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware the federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/Day/Year)
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PREPARER/TRANSCATOR CERTIFICATION (To be completed if prepared by person other than the employee). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)
Address (Street Name and Number)	City State Zip Code

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Instructions:

Examine one document from List A and check the appropriate box. OR examine one document from List B and one from List C and check the appropriate boxes. Provide the *Document Identification Number* and *Expiration Date* for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. United States Passport <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with photograph <i>Document Identification</i> # _____ <i>Expiration Date (if any)</i> _____	and	<input type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment) <input type="checkbox"/> 2. A birth certificate issued by State, county, municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization Specify form # _____ <i>Document Identification</i> # _____ <i>Expiration Date (if any)</i> _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date

Employment Eligibility Verification

NOTICE: Authority for collecting the information on this form is in Title 8, United States Code, Section 1324A, which requires employers to verify employment eligibility of individuals on a form approved by the Attorney General. This form will be used to verify the individual's eligibility for employment in the United States. Failure to present this form for inspection to officers of the Immigration and Naturalization Service or Department of Labor within the time period specified by regulation, or improper completion or retention of this form, may be a violation of the above law and may result in a civil money penalty.

Section 1. Instructions to Employee/Preparer for completing this form

Instructions for the employee.

All employees, upon being hired, must complete Section 1 of this form. Any person hired after November 6, 1986 must complete this form. (For the purpose of completion of this form the term "hired" applies to those employed, recruited or referred for a fee.)

All employees must print or type their complete name, address, date of birth, and Social Security Number. The block which correctly indicates the employee's immigration status must be checked. If the second block is checked, the employee's Alien Registration Number must be provided. If the third block is checked, the employee's Alien Registration Number or Admission Number must be provided, as well as the date of expiration of that status, if it expires.

All employees whose present names differ from birth names, because of marriage or other reasons, must print or type their birth names in the appropriate space of Section 1. Also, employees whose names change after employment verification should report these changes to their employer.

All employees must sign and date the form.

Instructions for the preparer of the form, if not the employee.

If a person assists the employee with completing this form, the preparer must certify the form by signing it and printing or typing his or her complete name and address.

Section 2. Instructions to Employer for completing this form

(For the purpose of completion of this form, the term "employer" applies to employers and those who recruit or refer for a fee.)

Employers must complete this section by examining evidence of identity and employment eligibility, and:

- checking the appropriate box in List A or boxes in both Lists B and C;
- recording the document identification number and expiration date (if any);
- recording the type of form if not specifically identified in the list;
- signing the certification section.

NOTE: Employers are responsible for reverifying employment eligibility of employees whose employment eligibility documents carry an expiration date.

Copies of documentation presented by an individual for the purpose of establishing identity and employment eligibility may be copied and retained for the purpose of complying with the requirements of this form and no other purpose. Any copies of documentation made for this purpose should be maintained with this form.

Name changes of employees which occur after preparation of this form should be recorded on the form by lining through the old name, printing the new name and the reason (such as marriage), and dating and initialing the changes. Employers should not attempt to delete or erase the old name in any fashion.

RETENTION OF RECORDS.

The completed form must be retained by the employer for:

- three years after the date of hiring, or
- one year after the date the employment is terminated, whichever is later.

Employers may photocopy or reprint this form as necessary.

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DRUG AND ALCOHOL POLICY

It is the policy of WESCO Environmental, Inc. to provide a safe, healthy and productive environment for its employees and to protect company equipment, manufacture, distribution, dispensation, possession or use of illegal drugs or the abuse of legal drugs in the workplace to include all work areas, rest rooms, parking lots, company vehicles or job sites. Use of, or being under the influence of alcohol in the workplace as described above is also prohibited.

As an applicant who has been offered employment with WESCO Environmental, Inc. I agree to submit to a drug and alcohol screening and if positive results are observed, the Company will exclude me from eligibility for employment.

Further, I understand that as an employee of WESCO Environmental, Inc. that I will be subject to, with or without notice, random drug and alcohol testing that may be for cause or for preventive reasons. Refusal to submit to and/or pass this drug/alcohol screening will result in disciplinary action up to and including immediate dismissal.

I understand and agree to abide by the policies of WESCO Environmental, Inc. regarding the use and possession of illegal drugs, abuse of legally prescribed drugs as well as the abuse or use of alcohol on company property and recognize that violation of any company policy including the policy herein will subject me to disciplinary action, up to and including immediate dismissal.

CELL PHONE POLICY

It is the policy of WESCO Environmental, Inc. to provide a safe, healthy and productive environment for its employees. There is to be **NO** cell phones on the job site unless you are a Superintendent, Foreman or a Supervisor. Refusal will result in disciplinary action up to and including immediate dismissal.

RULES of BEHAVIOR at WORK

We take the view that courtesy begins at work. If employees, supervisors and managers treat each other with respect and consideration, they will treat those outside the organization in a proper manner.

If at any time employees feel other employees or any manager or supervisor is not treating them with respect or courtesy, they are urged to file a complaint with the Superintendent on the job site. A confidential investigation will be made and corrective action will be taken, if warranted.

Insubordination, including improper conduct toward a supervisor or refusal to perform tasks assigned by a supervisor in the appropriate manner is considered inappropriate workplace conduct. Theft or unauthorized removal or possession of property from the company, fellow employees or customers is strictly prohibited. Employees are prohibited from misusing, destroying or damaging company property.

Any employee found to be altering or falsifying another employee's time card or allowing someone else to punch his/her time card without proper authorization will be subject to disciplinary action.

Employees who bring on the job site dangerous or unauthorized materials, such as explosives, firearms or other similar items will be subject to disciplinary action, up to and including termination.

Print Name _____ Signature _____ Date _____